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St. Bartholomew's Hospital Journal,

NOVEMBER, 1899.

"Æquam memento rebus in arduis
Servare mentem."—*Horace, Book ii, Ode iii.*

A Lecture on the Principles and Practice of Medicine.

Delivered on October 3rd, 1899,

By NORMAN MOORE, M.D.

THE first lecture of the course on "The Principles and Practice of Medicine" may properly be devoted to some consideration of the general method of study of the subject. How ought so vast a subject to be arranged so as to make it clear? It is the duty of a lecturer to keep constantly before his mind this one object of making the matter of his lecture; clear and easily retained by those who listen to him. The only valuable

part of his lectures is that which remains in the minds of his hearers.

Hájí Mullá Hádí, of Sabzawar, in Persia, who died in 1878, was one of the most famous teachers of his time in the East. He taught philosophy, and each course of his lectures lasted seven years, with two lectures a day, each of two hours' duration. The veneration in which he was held by his pupils, of which we are told by that learned Persian scholar and ornament of St. Bartholomew's, Dr. Edward Granville Browne, who himself studied under a pupil of the Hájí, shows how valuable and how thorough was his teaching.

Medicine is, like philosophy, a subject without limits; but, as far as its acquisition by lectures is concerned, is limited indeed. How, then, can these few hours be best spent? This is the question which I wish to consider to-day.

Dr. William Heberden, who died in 1801, is rightly considered one of the greatest of English physicians. His *Commentaries on the History and Cure of Diseases* is a book which can never become obsolete or cease to be worth reading by a student of medicine, so absolutely is it based on an exact personal observation of disease. Before he settled in London he gave lectures at Cambridge, where he was a Fellow of St. John's College. Dr. Erasmus Darwin, a physician of repute in his day, the author of many ingenious scientific ideas, famous in his own time as a philosophical and botanical poet, but in our time best known as the grandfather of Charles Darwin, attended Heberden's lectures in 1752.

Some years ago my friend Mr. Francis Darwin, now a Fellow of Christ's College, Cambridge, lent me the book in which his great grandfather had made notes of these lectures.

It is interesting to see how so great a physician as Dr. Heberden advised students to study medicine. He begins on the subject of introductory books:

"Whoever thus devotes himself to this useful study, and would make the greatest advantage of this short life in the pursuit of so extensive an art, should first take a general view of its rise and progress and present state. But I should premise he is supposed to come to this study sufficiently

versed in the Latin and Greek, and able to read one or two modern languages; and though his character as a scholar (for such every physician is expected to be), besides his acquaintance with the ancient classical writers, demands that he should not be ignorant of geography, chronology, history, logic, metaphysics, ethics, mathematics, and natural philosophy, yet of all these, the two last require his especial attention if he would be secured from error and superstition, from mistaken theories and ill-guarded practice. Thus prepared, then let him, as was said before, take a general survey of the ancient and present state of Physic."

Dr. Heberden then advises that the student should do this by reading Daniel le Clerc's *Histoire de la Médecine* (1702) and Dr. John Freind's *History of Physick from the time of Galen to the beginning of the Sixteenth Century* (1725).

Freind praises Le Clerc's history up to the time of Galen, but wrote his own book because of the defects of the subsequent history in the second edition of Le Clerc. Freind's work is remarkable as a history of our subject by a physician of the first rank, who knew great things from small in medicine; while, unfortunately, most of the other histories of medicine which have appeared in England are the works of men of no profundity in medicine, and therefore incompetent to set forth its progress in successive ages.

Dr. Heberden recommends constant reference to lexicons—Goræus *Definitiones Medicæ* (1622) and the lexicon of Bartholomæus Castellus (1628) for ancient terms, and that of Quincy (1717) for modern words.

Sometimes you may buy Castellus on a bookstall for a shilling. You will find him a mine of interesting information. With him by your side you can correlate the obsolete pathological expressions of past times with our modern ideas, and so see the meaning of many observations worth comprehending for the truth they contain, which without this explanation is concealed from our view.

Dr. Heberden next suggests Conringius's introduction to the *Whole Art of Medicine*, especially the last edition of 1726, with a preface by Hoffman, and Schelhammer's notes. Lindenius' *de Scriptis Medicis* is, he says, valuable, and it is best to use Mercklin's edition of 1686, always remembering that in the index he uses the prænomen of authors, calling Galen Claudius, and Sydenham Thomas. Lastly, the *Bibliotheca Scriptorum Medicorum* of Mangetus (1731) is to be consulted.

Dr. Heberden then mentions what books should be read on botany, chemistry, materia medica, pharmacy, anatomy, and physiology, and how those subjects should be studied outside books. In physiology the aphorisms of Sanctorius (1642), Bellini on the pulse (1685), Borellus' *De Motu Animalium* (1710), are to be perused, "while the celebrated discovery of the circulation of the blood would make anyone desirous to read the discoverer's treatise to prove it—Harvey, *De Motu Cordis*,—though all are at present sufficiently persuaded of this truth." "Besides," he adds,

"Dr. Harvey was so diligent and sagacious an anatomist that all his works abound with new and useful observations."

Dr. Heberden goes on to recommend books on medicine: Boerhaave's *Aphorisms* (1728), Hoffman (1740), Freind's *Emmenologia* (1703), Archibald Pitcairn (1717), the *Opusculum Aureum* of Lommius (1739), John Allen's *Synopsis* (1729), Turke's *Conspectus* (1727).

He admired Sydenham, "whose merit is that he is an original one, giving only what himself had observed of diseases." The *Puretologia* of Morton (1694) is "in a great measure taken from nature, but dangerous to follow in his method of cure, it being made to hang upon an hypothesis about the oppression and expansion of the spirits."

Dr. Heberden advises that too much faith be not put in general treatises, and that many particular descriptions should be read, as Bellini, "De morbis capitis" (1685), Ramazzini, "De morbis artificum" (1700), Wepfer, "De apoplexia" (1675), Floyer, on the asthma (1698), Astruc (1740), Turner "De morbis cutaneis" (1714), Highmore, "De passione hysterica" (1660), Musgrave, "De Arthritide" (1703), Clericus, "De lumbrico lato" (1715), Harris, "De morbis infantum" (1698).

Heberden pithily and justly says of this, the first book by an English physician on children's diseases, that it is "small, but the whole of what he says might be contained in less compass."

Mauriceau (1688) and Deventer (1725) on Diseases of Women; Glisson on rickets (1650); Tulpus (1685), whom he commends as nearly all original; Schenckius (1609) and Forestus (1653), the consultations of Hoffman (1734), and the Scotch medical essays (1746).

"Heister (1739), Turner (1741), and Sharp (1739) are all the surgical books he will want."

He should read the lives of physicians, to learn the right method of address to patients, and finally the ancient Greek and Latin medical writers, Hippocrates, Celsus, Scribonius Largus, Soranus, Dioscorides ("he will find," says Heberden, "the reading of Dioscorides go off very heavily"), Rufus of Ephesus, Xenocrates, Arctæus, Coelius Aurelianus, Galen, Vindiceanus, Theodorus Priscianus, Marcellus, Oribasius, Ætius, Alexander Trallianus, and Paulus Ægineta.

Such is the long and laborious course of reading advised by Dr. Heberden in 1752.

It may interest you to know what kind of examinations students intending to be physicians had to pass in the period when they studied the authors whom Heberden recommends. Dr. Munk, the late librarian of the College of Physicians, a man of much curious information about the fellows and licentiates of the College in past times, once gave me a manuscript account of such an examination which he had found in the diary of Dr. James Yonge, F.R.S., who was born in 1646 and died in 1721.

Mr. Yonge, after giving an account of his being elected

Fellow of the Royal Society at Gresham College, where he met Mr. Boyle, says:

"My Friend, Dr. Charleton carryed me to Sir Thomas Millington's the President of the Physician's Colledge, living in Lincoln Inn field, who he told me desired to see me. I wayted on him, and met a very kind reception, and never saw in my life so genteel and civil an old Gentleman; he first gave me thanks for my defence of the Colledge agst Salmon, then entertained me with a very particular ac^t of a stone cutt from him by a Dutch lithotomist, Cyprianus, after he was 70 years old, and as we were parting Dr. Charleton proposed to make me a Licentiate, and the President readily concurred. I told them I was licensed already by the Bishop of the Diocess, and so was safe; that it would be but a feather in my capp, would cost more money than worth, and that I was too old to be catechised. They Both s^d my licens from the Bishop was nothing with theirs—that it was an Honour few obtained, and so no feather; and as to the catechising, they knew I could do that well enough, but however, for the sake of my modesty, the questions should be playn, and the cost should be lowest that ever was p^d. I desired time to consider of it; they told me they would omit the fees of examination, but that the statutes obliged them to the contrary. Some days after I sent a letter to Dr. Charleton to acquaint him that would take their licence what day they pleased. 23rd of may was appointed at the President's House. At 4 o'clock they began, and held me to it till half past 5. When they had done they desired me to withdraw, and in 4 minutes called me in and told me they were satisfyed of my abillities, &c., and would give me their licence and testimonial, which they did in Parchment, sign'd and seal'd and writ in these words.

"Sciant omnes, nos Thomam Millington militem in medicina Doctorem, Presidem Collegii Medicorum Londinensium, una cum consensu Gualteri Charleton, Samuelis Collins et Richardi Torlesse Collegii Sociorum et electorum, auctoritate nobis a Domino Rege et Parlamento concessa, examinasse et approbasse, vicessimo tertio die Maii Anno Domini Millessimo septingentesimo secundo, Doctum et probum virum Jacobum Yonge de Plymouth in comitatu Devon, bene in Praxi medicinæ exercitatum, eumque dignum judicamus, qui admittatur ad Praxin Medicinæ extra urbem Londini et circum circa septem miliaria, juxta forum statutorum ad hoc editorum in cujus rei fidem et testimonium sigilla nostra apposuvimus et nomina adscripsimus, datum Londini in Collegio nostro die mense et anno supra dictis:

"Tho. Millington, Preses.

Gualt. Charleton

Sam. Collins

Rich^d. Torlesse

Tho^s. Gill, Registrarius.

"They told me it was in the most ample form they ever gave, I pay^d them each a Guinea, and the other fees were

to the Treasurer, 6 8^d—Beadle 3 4^d—The Licence 10—Stamp, 3—Porter, 5—College Treasurer, 5 Guineas—in all £11 15s. 6d.

"In the examination the President began, and his question was the history of nutrition from mastication; I gave it him in short, viz. that the meat chew^d was concocted in the stomach, and the chile of it suckt in or insinuated itself to the lacteal veyns, by them convey'd to the Receptaculum chili, thence in the left subclavian by the Ductus Thoracicus, and circulating with the Blood was by it assimilated; that the most spirity part of this mass convey'd by the arteries, was thro' the Brain separated and streyn'd into the nerves, and was the liquor which we call the succus nervosus, and this was the immediate matter of all nutrition; the Blood could not be it, for that circulated and never extravas but in the Brain, whereas the nervos liquor never returned, but by the terminations of the nerves was deposited in the several parts for nourishment and growth. He asked how the stomach was made to chilify. I told him by a particular condiment of its own, but chiefly to the juices and saliva which the meat was imbued with out of the Glands and spitting Ductuses of the mouth and throat.

"Then he ask'd me how the vices of those juices was to be rectified when distempered; I told him by remedying the causes which might be various, as Cachexy, Obstructions, or too great profluence, and that in all of them I thought Chalybeats a great remedy. Then he askt me what diseases the stomach was most incident to. I told him cardialgia, dolor, nausea, &c. He enquired what Remedyes were best for Indigestion or defect of concoction; I told him all the Bitters, some fine preparations of steel, spices, and some specifics, Tinct. Sal, Tartar, Sal Vol., Ol. Elix. propriet, &c. &c. He then askt how vomits operated; I told him by contracting the various fibres of the coats of the Stomach according to the notion of Dr. Willis. He told me that was much disputed, and that some were of opinion that vomiting was caused by squeezing the stomach between the Diaphragm and muscles of the belly. I presumed presently to reply that that motion of squeezing must be begot by a contraction of those muscles, and that then the operation of the antimony or whatever emetic was given must be made on those parts, which seemed impossible, but that a greater objection was that before vomiting, or any pressure, the stomach was always very sick, and the Midriff nor Belly at all concerned: on this occasion the Doctors fell into dispute among themselves for above a quarter of an hour on that notion.

"Then Dr. Charleton spoke and began his examination with this Compliment, that if the statutes of the Colledge did not oblige him to it, he would ask me no questions, being so well assured of my abillitys; but since I can't avoid it, said he, and that Mr. President hath put you on the History of nutrition, tell me of what use the circulation

of the Blood was. I told him that it was the common opinion to convey heat and life to the parts, but I thought there were many other benefits by it—viz. to propel that part which made the succus nervosus, or succus nutritius, to maintain its fluidity and hinder its putrefaction, and many more. He then askt me what was the effect of want of circulating of the Blood. I told him if it was total, it was Death of the whole Microcosm—if partial, then a mortification of that part. He askt me what difference was between a Gangren and a Sphacelus. I told him one was sideration of all the parts not curable but by amputation, the other of the fleshy parts and otherwise to be cured. He then askt me the method of curing Gangren without amputation. I told him at large which I shall not write, being too common. He askt me if we reckoned Gangrens among Tumors or Ulcers. I told him they were sometimes both—sometimes neither. They all seemed to look up upon me at that, which I observed and went on, mortifications do sometimes arise, on phlegmons Echymosis, &c., and sometimes by affluence of a venomous or critical humor, and so beget a tumor or mortification, that sometimes vesicat and break out into dead ulcers, but sometimes a Gangren was so far from being tumor or ulcer, that the part did shrink and the skinn keep whole and this we called Gangrena sicca.

"They seemed pleased with this; then the Doctor askt what the cause and cure of a Sciatica was. I told him the causes were various—many times, Scrophulous, &c., and that the Remedyes were to be accordingly—hat in general cautery Epispasticks, Fontanelles, internall anodynes, external, external corroborators, and nervous applications were to be used.

"Then Dr. Collins, a grim, sower old man, stood up, and with less civility than the President or Dr. Charleton, askt me the cause of the Heart's motion. I told him I thought it was known to none but him that made it. He askt me then if it were one muscle or more. I to'd him I was not provided nicely to answer that question, but I thought if it were not more than one, that must have different motions and might be a double Belly'd muscle. He then askt me how the heart moved, whither by a motion like other muscles, or a distension from the Belly. I said I thought the latter, because, like most other muscles, it had not a basis or solid part on which its head and tayl was fixed. Dr. Gill said, yes the Heart is fastened to the Back bone at the head. Then he askt me what the difference was between Syncope, Tremor, and Palpitation, or rather Abolitus, Tubolitus, and one Litus more, the which I forget. I told him I thought it to be 3 degrees of Defect in the Heart's motion—but, sir, said I, finding him so hard and earnest upon me, I came here to pass examination for a licence to practice Physic, and I thought the subject would have been wholly practical, but you are all upon Theories and anatomically difficulties, as if I stood here for a Doctors degree

or to be chosen Fellow Censor or President of the Colledge. The old snarler then with a more placid face said, putting his hand on my shoulder, Mr. Yenge ought to be askt no vulgar questions, and so sat down. Dr. Torlesse then sayd, you have been long examining and answer so well that I shall ask you but a short question or two wholly practical; pray when a Pleurisy empyemates, how do you know when to make a Paracentesis, where do you make it, and when do you use injections; and if you do, of what nature are they? This was spoken in so civil a manner that I made him obeysance. I told him that I was sure Emphyemas have been cured without opening the Breast, that the precise time of doing it was uncertain. But, said he, what signes have you when it's to be done? I answered sometimes the matter extruded the Flesh. He took me off from that; Sir, sayd he, when concoction is made, the pain and heat ceaseth as in other Apostumations. Then, bowing, I told him the place was to be as near the Diaphragm as possible, and that was commonly between the fourth and fifth ribs; that injections was to be used, and their nature Balsamous. He quickly said pectoral and vulnerary, and I as quickly replied all Balsamous things are both. Then he said he had done with me. There was something transitorily said of the cause or cure of a Diabetes. I observed the Register, Dr. Gill, who was bread a Surgeon, askt no questions, but took minutes on a paper which Dr. Charleton took up and lookt on as I went out after examination. I must not omit that the President urged me to sitt at my examination, but I, having been told that it was not usuall, persisted to refuse it, only kept one hand on the back of his chair, I standing between him and Dr. Collins.

"When I received their Licence, they all complimented me and made me sit down among them, at which time my friend Dr. Goodall came in. We sat 2 hours drinking good ale and clarret, and talking sometimes of news, sometimes of art. I discoursed Dr. Charleton on Fermentation and Diuretics, Dr. Gill on Cancers (I being 6 days before called to a Lady with a cancerous Breast, his Patient). I talkd with all the boldness and freedom I coul'd, on purpose to let them see all I could to my advantage. Gill is a good Physician, but a great Opiniator, Positive and impatient of contradiction: but sweeter men than the President and Dr. Torlesse I never met; the former is a man long famous for learning, and twenty years since, when I first saw him at Mr. Hobbes', was accounted the genteelst Physician in England, and had the same reputation at the University. Charleton's age, hard study, and misfortunes hath somewhat sowered him; he was now 82 years old, yet strong and healthy, a genteel man in his behaviour, full of compliments, and was the civiler to me in grattitude to the like I shewed him at Plymouth 9 years since, when going over to Jersey bad weather drove and detained him here; and I do not a little value myself on his carracter, who is one of the greatest schollars in the world.

"In the year 1700, writing to Mr. Ellice of Totnes, he mentions me in these words, the original of which is fastened to the Title page of his anatomical prælections: 'If any occasion call you to Plymouth, pray oblige me by recommending my love of and devotion to Mr. Young, who, for his great learning, constant fidelity to his true Prince, singular humanity to all men, and generous treatment of me, a stranger, deserves to be loved and honored by all men. Adieu.' And after my return from this journey he sent me a letter from Tunbridge, dated July 25th, full of the same kind expressions, adjuring me to command him on all occasions, and assuring me that the President and Censors were all my cordial friends, which letter lyeth in the front of the said Book. Dr. Collins is very old and rustick; he was well pleased with my discourse after the examination, and when we parted wisht me happiness in my Practice and all things else, and advised me to consult his Book. I told him I met it at Mr. Elliotts, while I attend him at his house, and had bestowed time on it, and next opportunity would do more. All brought me to Dore and gave me their Benediction, especially Dr. Charleton."

The general object of Dr. Heberden's proposed course of reading was that the student should bring to the bedside a well-trained mind, full of all that was known in medicine, and his own example shows that he considered these book-studies should be followed by close, exact, and lifelong observation of disease. It is interesting to consider why he advises so much reading of both ancient and modern authors. If you study his *Commentaries* on disease, you will see that his bedside knowledge and his attention to that sort of observation is not exceeded by that of any physician of our time. The reason why he spent so much time in the world of books is explained by the history of medical study.

Hippocrates, in the fifth century before our era, and his followers, held that the chief source of knowledge in medicine was the observation of patients. He and his scholars tried to learn the nature, the course, and the treatment of disease at the bedside. They were at home in the world of books, and were the intellectual associates of the philosophers, and men of letters, and statesmen of their time, but it was from Nature that they tried to learn medicine.

Galen, in the second century of our era, himself a clinical and pathological observer of the first order, was filled with admiration for the true natural knowledge of medicine shown in the Hippocratic writings. He understood their object and followed their method; yet his works, containing the full exposition, discussion, and praise of the Hippocratic writings, had the effect of elevating Hippocrates from a great example of how medicine ought to be studied into a supposed infallible authority on the subject.

With the overthrow of the Roman Empire, Greek, which was the language of science in Rome, became almost unknown in the West. Learned men in France and England sometimes knew the Greek letters, some of them could

write the Lord's Prayer in Greek, and had a vague acquaintance with a few Greek words, such as is shown in this verse, written, perhaps, at the end of the seventh century:

Notologicus est gibba,
Et obtalmus ut talpha,
Non agens Dei mandata.

[Deaf is a man,
And blind as a mole,
Who does not follow God's commands.]

Most of the learned had heard of Greek, of Hebrew, and of Arabic, but they had read few books except Latin ones.

Thus, through the Latin translations of his works, Galen, with the parts of Hippocrates contained in his books, became the supreme authority in medicine. To deny such authority seemed, then, impossible; to add to such comprehensive learning a hopeless task. Commentary was the sole employment left, and it is to the credit of these devoted commentators that they now and then did almost unintentionally write down also a few observations which they had made from Nature. Such, even under every disadvantage, is the enlightening force of the study of medicine.

Greek learning at last reappeared in Western Europe. At the time of the battle of Agincourt there were a few men in Italy who knew something of Greek books, and by the end of the fifteenth century Greek literature was again open to the world, and became the study of physicians in common with the rest of the learned world. The truth to nature of the pure Hippocratic writings and of Galen's books struck every one who studied them. To read them became the way to acquire the grounds of medicine. This reading brought men at once to the bedside to learn about disease as Hippocrates and Galen had learnt. It was soon found how much of the knowledge of disease remained untouched by the Greeks, and thus, having learnt from the ancients how to study medicine, men gave more and more of their time to bedside observation, and to autopsies, and less to books. They put in practice what they now knew was the true method of learning about disease. They were sure with Harvey that "*ἀντροψία* non mentis agitatio" was what would reveal truth.

But as this method of observation had sprung from the study of Greek books, for a long time students gave more time to books than they do now. Such is always the influence of predecessors on every age, even when ideas are changing, and even when different habits of mind have been well established.

I hope I have made clear to you why Dr. Heberden, exact and untiring observer as he was, advised Erasmus Darwin and his other hearers to read so many and some such old books.

In these lectures I shall try to found my assertions on what I have seen and you can see in the wards and post-mortem room of this hospital. I shall try to enable you to see with enlightened eyes all that can be seen in them, and so to found for each of you that continuous, life-long study of

medicine, without which no man ought to practice it. When you have marked the vastness of the study and its innumerable aspects, you will see that your own observations may be enlarged and made more thorough and more useful to you by the study in books of the observations of men who have pursued the same study before. Every book written by a real student of medicine is worth reading if you know enough medicine to profit by it. Therefore, all through life read as much as you can. Enter the subject by the way of observation, and reading will increase your power of observation.

Pursued in this way, medicine is not only a professional study, it is a branch of learning surpassed by none in its power of improving every part of the mind. It is a study to which a man must give his life, and the more thoroughly he does so the more will he feel that, both as regards himself and others, his life is worthily spent.

Some Clinical Aspects of Children's Diseases.

*An Address delivered before the Abernethian Society,
November 9th, 1899,*

By A. E. GARROD, M.D., F.R.C.P., Medical Registrar and Demonstrator of Morbid Anatomy; Physician to the Hospital for Sick Children, Great Ormond Street.



O doubt you all know the story of the man who, when asked as to the progress of his medical studies, replied that he thought that he was already capable of curing a child.

I have no fear that any member of my present audience fails to appreciate to the full the absurdity of this answer, but I hope, nevertheless, that you will pardon me if I devote the time at my disposal this evening to the attempt to point out why the study of children's diseases is rightly regarded as a special branch of medicine; if I endeavour to impress upon you the importance of neglecting no opportunity of carefully observing the many sick children who come under your notice in the wards and out-patient rooms of a great general hospital such as this, and if I call your attention to some of the special difficulties which are encountered in the study of such cases.

Those of you who enter upon general practice will find that a large proportion of the patients whom you are called upon to treat will be children, and a knowledge of the maladies to which they are liable will enable you to be the means of sparing much suffering to a class of patients who cannot fail to appeal strongly to your sympathies, and whose diseases cannot be ascribed to any fault of their own, but are too frequently attributable to the ignorance and even the neglect of their elders. Moreover, the diseases of children are often of very great clinical interest, and they offer for solution problems of no little complexity, which may tax to the utmost the diagnostic faculties. Again, to take an altogether lower standpoint, success in the treatment of sick children is no mean portal to success in practice generally.

I do not propose to dwell at any length upon the minor difficulties which are met with in the medical examination of children, and which are simply due to the peculiarities of child nature, and the failure of our little patients to appreciate the efforts which we are making on their behalf. Such difficulties may almost always be overcome by the exercise of tact and patience. Above all avoid frightening your patient. A short time spent in making friends before the examination is begun is not wasted, and often makes all the difference.

It is often a good plan to examine the back of a young child as it sits upon its mother's or its nurse's knee, or is held in her arms, before attempting to examine the front of the chest. In this way one may often learn much that one wishes to know before the patient realises what is going on, and has his apprehensions aroused.

More serious difficulties arise from the inability of young children to describe what they feel, and from the unwillingness of older children to answer questions; but in most instances the history supplied by the mother, and the results of physical examination, supply sufficient material for the construction of a diagnosis.

If you study a large number of sick children, you will find that their maladies fall, for the most part, into a small number of main categories.

The largest group is formed by the diseases which are of microbic origin. It is an obvious fact that the tissues of children offer a specially favourable soil for the development of many bacteria. Hence the special liability of children to the exanthemata and other infectious disorders, although their comparative infrequency in adults is doubtless in large measure due to immunity acquired during childhood. But the infectious diseases are far from constituting the entire group under discussion, the boundaries of which are still undefined, and will doubtless be extended as bacteriology gains still further triumphs. We may certainly include in it tubercle, with its many manifestations, which is responsible for so large a share of deaths in childhood, and also empyema, gastro-enteritis, and bronchopneumonia. It is widely held that infantile paralysis may be added to the list, and rheumatism is now by many believed to be an infective malady. If this be a correct view of its pathology, we must so extend the boundaries as to include the cardiac manifestations and sequelæ of rheumatism, which occupy so prominent a position among the diseases of children.

In a second group may be classed the disorders which result from errors of diet both negative and positive. There may be withheld from the growing organism constituents of diet which are essential to its proper nutrition and to the development of the tissues, or substances may be introduced into the alimentary canal which are not only useless as foods, but are actually deleterious in their effects. Both classes of errors probably contribute to the production of rickets; but do not forget that rickets is not simply a food disease, and that other factors, maternal and hygienic, have a share in its causation. Infantile scurvy may be quoted as a disease resulting from dietary errors of a negative kind; whereas some forms of diarrhoea and alcoholic cirrhosis of the liver result from deleterious articles of diet.

A far more restricted group embraces congenital malformations and their results. Many minor abnormalities are quite compatible with long and vigorous life; extreme malformations do not permit of survival. Between these extremes is a class of defects, of which many forms of congenital heart disease offer examples, which may allow of survival, but when they do not themselves ultimately prove fatal, may render the patient liable to succumb to intercurrent disorders which would have no serious effects upon normal children.

Lastly, there is a small group of maladies, rarely met with, which tend to attack several members of a family, and are apt to develop in early life. Of these, pseudo-hypertrophic paralysis and hæmophilia may be selected as examples.

Let us now consider for a moment the diseases which do not occur in childhood, or which are so rarely seen in children that very strong evidence is required to establish their diagnosis. Prominent among these are the diseases of the degenerative period. Chronic interstitial nephritis and its attendant cardio-vascular changes fall under this head, but even granular kidneys have been met with in rare instances in quite young children. Aneurysm is, as far as I am aware, unknown in children, except it be of the embolic or traumatic varieties.

Gout does occasionally appear in very young subjects, who are almost always the offspring of very gouty parents. In hospital practice I have never met with it. I have seen a schoolboy who was said to suffer from definite attacks of gout in the great toe joints, but I did not see him during an attack. Rheumatoid arthritis of the generalised type is far less rare, but it is open to question how far the so-called rheumatoid arthritis of children is identical with that of adults; and even among adults there are probably several distinct conditions included under this heading.

Diabetes is very uncommon in young children, as also are leucocythæmia, Addison's disease, and exophthalmic goitre. Carcinoma is almost unknown, but sarcomata, and especially renal sarcomata, occur in very early life. Indeed, sarcoma of the kidney is more frequently met with in children than in adults.

This brings me to the first point which I specially desire to emphasise, viz, the necessity of acquiring a knowledge of certain diseases which are either peculiar to childhood, or are much more commonly met with in children than in adult patients.

There is even a group of maladies which are only met with in newly-born infants, such as *icterus neonatorum*, and the remarkable

affection known as *sclerema neonatorum*, which is characterised by a peculiar induration of the integument, and in severe cases by a phenomenal lowering of the body temperature. This affection is much commoner in some Continental countries than in our own, but in its slighter forms, which tend to recovery, it is not very rare in London.

A little later develop the early manifestations of congenital syphilis, the early recognition and prompt treatment of which are matters of extreme importance. Rickets, too, begins to appear in the early months of life, and runs its course in early childhood, although it may leave behind it deformities which persist through life. Of infantile scurvy I shall have occasion to say something later on.

Infantile paralysis is an important disease of childhood, and one should be able to recognise such rare maladies as pseudo-hypertrophic paralysis and the allied myopathies, and Friedreich's hereditary ataxia, which also commence in early life. Then there are certain traumatic conditions connected with birth, such as the congenital spastic paralyses, paralysis of the arm from injury to the brachial plexus, and hæmatoma of the sterno-mastoid muscle.

I must not omit to mention intussusception,—one of the gravest accidents of early life,—hydrocephalus, and the chronic post-basal meningitis of Gee and Barlow, which is usually characterised by pronounced retraction of the head, and may even produce such extreme opisthotonos that the occiput comes in contact with the buttocks. This disease has been recently shown by Still to be due to infection with a diplococcus.

This list includes only a few of the maladies which are more specially met with in children, but enough has been said to show that the pathology of early life is a somewhat wide subject.

The second point to which I specially desire to direct your attention is the different forms which some diseases assume in childhood and in adult life respectively. An excellent example of such differences is afforded by rheumatism, and it will be worth while to dwell for a few minutes upon this subject.

Do not forget that rheumatism is not merely a disease of the joints with visceral and other complications, but is a constitutional malady of which an acute arthritis, of a peculiarly transitory character, is a prominent manifestation—prominent in adult life, that is to say, for in children arthritis is often one of the least conspicuous of the phenomena of the disease, and in some of the gravest cases is practically absent. Acute rheumatic arthritis assumes increased prominence as age advances, and in patients over thirty is, with fever, as a rule the only manifestation.

The reverse is true of the cardiac lesions, and it is not going too far to say that in childhood endo- and pericarditis are the chief local signs of the disease, and that as age advances the liability to implication of the heart steadily decreases, until in patients over thirty it is very slight indeed. This is why we so often fail to obtain a clear rheumatic history in cases of chronic cardiac disease which appear to be almost certainly of rheumatic origin. The initial attack may have had none of those features which lay minds are apt to associate with the name, for there is no question that for the laity rheumatism connotes pains, in so far as it connotes anything at all definite.

On the other hand, there are certain ab-articular manifestations of rheumatism which are common in childhood, but are comparatively rare in adult life, and are practically unknown in and after middle life.

Chorea is one of these, and believing that the phenomena of rheumatism are best explained on the supposition that it is a zymotic disease, I strongly suspect that chorea is due to one of the toxic products produced by the micro-organism, and that it stands to acute rheumatism in somewhat the same relation as that of diphtheritic paralysis to diphtheria. That chorea is, in the great majority of cases, of rheumatic origin seems hardly doubtful; that it is invariably of such origin we are not justified in assuming.

Rheumatic subcutaneous nodules are seldom met with, except in children; they develop and disappear, often with remarkable rapidity, and according to the most recent investigations they appear to be rather deposits of lymph in the fibrous tissues than actual fibrous growths as was formerly supposed. Even when large and conspicuous during life, they are often not easy to find *post mortem*. Their numbers vary greatly; there may be only two or three, or they may occupy almost every bony prominence in the body.

The varieties of erythema polymorpha are not very uncommon accompaniments of acute rheumatism in young adults, but in children they much more frequently form part of the symptom-complex.

In the rheumatism of children we meet with all possible groupings of these various manifestations of the disease. In one case we may have the association of cardiac lesions, chorea and nodules, without articular pains, in another erythema and arthritis, and sometimes we see the entire series developed in succession in the same patient. In one case which I have seen, and which was recorded by the late Dr. Hadden, typical subcutaneous nodules were for some time the only obvious manifestations of rheumatism.

It is remarkable over how long a period evidences of the activity of the rheumatic process may extend, and rheumatic nodules may continue to develop in successive crops so that the patient is never free from them for years together.

Enough has been said to show you that rheumatism is apt to present a very different appearance in children from the ordinary rheumatic fever of adults; but in order to avoid giving a false impression, let me add that in a considerable number of cases children suffer from articular pains and swelling, with febrile disturbance and nothing further—in a word, from acute rheumatism of a quite ordinary type.

I may further illustrate my present thesis by the example of infantile scurvy, usually known as scurvy rickets, and in Germany as Barlow's disease.

In this country this is now-a-days the commoner form of scurvy, although itself a somewhat rare condition. The signs of rickets are practically always present in scorbutic infants to a greater or less degree, as is only to be expected, seeing that scurvy is due to grave errors of diet; and there are present in addition a well-defined group of scorbutic symptoms, viz. spongy purple gums, pains in the limbs which cause the child to scream when it is moved, or even from apprehension of being moved, and as a characteristic lesion of this form of scurvy, subperiosteal hæmorrhages producing swellings over the long-bones.

The affection of the gums is seen in the neighbourhood of the teeth, and if the teeth have not yet been cut, will be entirely absent. Its absence renders the diagnosis less easy, as we have to rely upon the general tenderness and the periosteal swellings, taken in conjunction with erroneous feeding. Indeed, in some cases, which are in all probability slight and early examples of scurvy rickets, the general tenderness is the only diagnostic sign, and such tenderness has been described as a symptom of rickets itself. Such cases are usually quickly cured by antiscorbutic diet.

The worst cases of scurvy rickets occur in children entirely deprived of milk; but almost any treatment of milk, and even mere sterilisation, deprives it to some extent of its antiscorbutic properties, a fact which must be borne in mind in connection with the slighter forms of this disease.

The subperiosteal hæmorrhages are sometimes very extensive, and the distension of the periosteal sac with blood may even lead to the separation of the epiphyses of a long-bone. Again, ossification is apt to occur in the separated periosteum, so that the mass of blood-clot becomes enclosed in a bony case.

Tubercle, again, is apt to have a different distribution in children, and certain tubercular affections, such as meningitis and cerebral tumour, are far more common in childhood than in adult life.

We are apt to speak of tubercular meningitis as if it were an isolated tubercular lesion; but if it be ever a primary lesion, such an occurrence is certainly very rare. I cannot recall any post-mortem examination which I have made on such a case in which there was not a tubercular focus of some standing elsewhere in the body, but often enough the only evidence of the older trouble is caseation of one or more of the bronchial glands. It is often stated that in young children the usual point of entry of the tubercular infection is the alimentary canal, but at the recent meeting of the British Medical Association several speakers maintained that this is not the case. What I have seen when making post-mortem examinations in this hospital leads me to take my stand with those who hold that, even in early childhood, the channel of tuberculous infection is in the great majority of instances the respiratory tract; and even when, as is often the case, the lungs escape, the bronchial glands are far more often the seats of caseation than are the glands of the abdomen. On the other hand, tubercular peritonitis is certainly commoner in childhood than in adult life.

The next subject upon which I propose to touch is the different significance of many symptoms when observed in children and in adults respectively.

I might select œdema as an example in point, and call your attention to the œdema which is often met with in children who are in the last stages of such grave disorders as tuberculous; to that which sometimes accompanies infantile diarrhoea, and may extend

over the entire trunk; to the oedema associated with urticaria, and so on, but I prefer to take paralysis of limbs as my chief example.

In considering the paralytic affections of children, it is necessary, in the first place, to exclude certain pseudo-paralytic affections of infants, in which the immobility of the limbs is simply due to the pain which results from movement. The mothers of children with scurvy rickets, or with syphilitic epiphysitis, will often tell you that their infants have lost the use of their limbs, when the truth is that they greatly prefer not to move them.

In diagnosing the case of a child who is wholly or partially paralysed, the conditions which will pass through your mind are these:—Infantile paralysis, which is usually easily recognised by its distribution, and by the condition of the affected limbs; diphtheritic paralysis, which may develop after a sore throat which has attracted little or no attention, and in which the affection of the soft palate and the ocular phenomena, such as loss of accommodation, will be your chief guide; the paralytic form of chorea, in which the movements are very slight and the loss of power conspicuous, and which may assume a hemiplegic distribution; and the various types of spastic paralysis which call for some special notice.

Other varieties which call for mention are hysterical paralysis (and hysteria is by no means rare in children and may assume puzzling and bizarre forms), embolic hemiplegia associated with valvular heart disease, the paraplegia which results from Pott's disease of the spine, and paralyzes due to cerebral tumours or meningitis.

Hemiplegia in children may result from lesions of various kinds, and may be of any degree from complete loss of power to a slight paresis which is only revealed by a dragging of the affected leg and an inability to pick up a small object such as a pin. I have already alluded to embolic hemiplegia and to the paralytic form of hemichorea. Infantile paralysis may affect the arm and leg of the same side but the face escapes, and you are not likely to mistake it for true hemiplegia.

Hemiplegia of gradual onset may result from a cerebral tumour, but since the commonest intra-cranial tumours are the tubercular, and their commonest seat is the cerebellum, hemiplegia in children does not very often result from this cause.

There are two forms of hemiplegia in children which are commoner than the others, and are therefore of special importance. One of these is congenital spastic hemiplegia, and the other is best described as the hemiplegia of sudden onset of early childhood.

Congenital spastic hemiplegia is identical in its nature with the other forms of congenital spastic paralysis, such as spastic diplegia or double hemiplegia, and the form in which the legs alone suffer, but which, although a paraplegia, is of cerebral and not of spinal origin.

Such paralyzes are usually first noticed when the time comes for the child to begin to walk, and conspicuous rigidity of the limbs, often leading to cross-legged progression, ere long develops. They are almost certainly due to meningeal hæmorrhage at birth, and according to the extent of the hæmorrhage the paralysis is unilateral or bilateral. This view of their pathology is based upon the facts that meningeal hæmorrhages certainly do occur at birth, and that the children who exhibit spastic paralyzes are very frequently first children, or infants whose birth has taken place under just such conditions of special difficulty as might be expected to cause meningeal hæmorrhages. If, however, the patient survives long enough for the development of definite spastic paralysis, he usually survives until all traces of the hæmorrhagic lesion have been obliterated, and sclerosis of the motor convolutions is the usual lesion found *post mortem* in such cases. Such children present, as a rule, a greater or less degree of mental deficiency.

The hemiplegia of sudden onset usually comes on after the child has already learned to walk. Its onset is, as a rule, attended by convulsions, and often by a more or less prolonged period of unconsciousness. It is believed that in such cases the lesion present is thrombosis of cortical vessels, but Strümpell suggested that it might be an inflammatory lesion of the cortical grey matter of the brain, a polioencephalitis, similar in its nature to the familiar polio-myelitis.

Another symptom which serves to illustrate the different significance of certain symptoms in children and adults is anæmia. In children pernicious anæmia is unknown, chlorosis of the ordinary type is not developed, at least in early childhood, and leucocythæmia is decidedly uncommon; but we meet with at least two well-marked varieties of anæmia, namely that which occurs in rickety children with moderate splenic and hepatic enlargement, and the so-called splenic anæmia, in which great enlargement of the spleen is a conspicuous feature, and the pathology of which is still but little understood.

One other example may be selected to illustrate this thesis. Hæmorrhage from the bowel, usually slight, is often seen in cases of infantile diarrhœa, or in connection with prolapse of the rectum. The passage of blood-stained mucus is a most important symptom of intussusception of the bowel; but in older children the passage of bright blood in the stools is not uncommon, apart from any obvious deviation from health, and in not a few instances it is traced, on examination, to the presence of a rectal polypus, the removal of which effects a cure. On one occasion the mother of one of my out-patients brought with her a blood-stained motion, in which was found such a polypus, passed spontaneously after rupture of its narrow pedicle.

It is not necessary to do more than point out that the above are not the morbid conditions which would be suggested by the passage of blood-stained motions by an adult.

Lastly, certain special diagnostic difficulties are encountered in examining children which are not easy to explain. For example, it is certainly more difficult to distinguish between consolidation of lung and pleural effusion in children than in adults. Anyone who has had experience bearing upon the point will recognise this difficulty; and the wider his experience, the less will he be prepared to pronounce a definite opinion in many cases.

There is hardly a physical sign of these conditions which may not be falsified in a child. Bronchial breathing affords no guidance in this matter, and one relies chiefly upon the character of the percussion note and of the sensation of resistance. Often the exploring needle alone answers the question; and if one be inclined to pride one's self upon one's acumen in making a correct diagnosis in a particular instance, one is as likely as not to prove completely wrong in the next case met with.

Still greater difficulty surrounds the diagnosis between empyema and serous effusion. In some cases the position or limitation of the effusion, or the patient's appearance strongly suggests an empyema; but if you are wise you will reserve your judgment until the exploring needle reveals the nature of the fluid.

Do not fall into the error of supposing that because an effusion has existed for some time in the chest of a child it is bound to be purulent. There is every reason to believe that an empyema is purulent from the first, unless infection has taken place from the exploring or aspirator needle.

Purulent pericarditis is another condition which presents special diagnostic difficulties. As a matter of fact, this affection is seldom diagnosed in children during life. This is not a question of distinguishing between serous and purulent effusions, but of recognising that a child with pus in its pericardium has pericarditis at all. Why this is so I am not prepared to say; but the fact remains, and one is sometimes inclined to suspect the presence of purulent pericarditis when a child is obviously acutely ill, but no adequate cause can be detected which will account for its condition.

Even at the risk of exhausting your patience, I cannot forbear saying a few words in conclusion on the subject of treatment.

Do not forget the important part which diet plays in the treatment of sick children. Many such children require no medicinal treatment at all, but will rapidly recover if fed in an intelligent manner. Much may be done by the selection of suitable foods, by the avoidance of starchy foods at a too early age, and by the substitution for them of some of the well-known malted preparations. The use of artificially digested food for not too long a period is often of the greatest service where the powers of assimilation are defective. Where there is any suggestion of a scorbutic tendency, orange juice and raw meat juice are most valuable adjuncts to fresh milk.

Do not forget that milk, and especially human milk, is the correct diet for infants of tender age. When cow's milk is employed, it must be diluted; and its liability to form massive curds in the infant's stomach is largely prevented by dilution with barley-water or lime-water. Remember, too, that in subjecting milk to boiling or to sterilisation, we are choosing the lesser of two evils; in avoiding the well-known dangers of infection from unboiled milk we are sacrificing some of its antiscorbutic properties.

Fresh air and change of air are potent weapons in the treatment of children. Even in London children should get out as much as possible when the weather permits, and a change into the country or to the sea-side is often a therapeutic measure of the highest value.

Do not neglect the important matter of clothing; and in the clothing of many children—and not only those of the poorer classes—you will find abundant matter for criticism. The clothing should be of good materials, adequately warm, but adapted to the season, and uniformly distributed over the body and limbs. This last requirement is especially apt to be neglected.

When you prescribe medicine for children, do not omit to make it as palatable as possible. A child will not value your medicine more because it is nasty, as some adults would seem to do; and if it be too nasty, the chances are that but little of your physic will find its way into your patient's stomach.

Remember, too, that children are particularly sensitive to certain drugs. Opium is an important case in point. On the other hand, they are peculiarly tolerant of belladonna. Some children, as also some adults, develop drug rashes with extreme facility. The worst bromide rash I ever saw was in a child who had only taken 60 grains of bromide of potassium in its life. The rash has left scars which will persist through life.

I am very conscious that I had set before myself this evening an impossible task in attempting to touch, in so short a time, upon even a few of the clinical aspects of children's diseases, but I shall not have wholly failed in my object if I have been able to bring home to any of you the importance of the subject which I have tried to sketch, and have succeeded in awaking in some of you a desire to look further into what I would venture to call a most fascinating branch of clinical medicine.

Notes from the Surgical Out-patient Room.

By H. J. PATERSON, M.B., F.R.C.S.

III.—SYPHILIS SIMULATING "RHEUMATISM."

DURING the secondary stage of syphilis, it is common for patients to suffer from pains in various bones—the so-called osteocopic pains; these, however, are transitory in nature, and rarely accompanied by definite nodes. Their true nature is readily recognised by the co-existence of other manifestations of secondary syphilis. During this period "rheumatoid" pains are not unusual, and occasionally are severe. During the tertiary stage of syphilitic disease, it must be rare to get such pains present without early evidence of periostitis or the formation of nodes. In the case related, not only was there considerable pain, apparently rheumatoid in origin, before the discovery of any bony lesion, but it existed for a considerable interval before its true nature was discovered.

A man æt. 26 complained of pain about the left elbow-joint and in the left forearm. He stated that the pain was considerable at times, and especially at night. No swelling of the joint could be detected, although there was some tenderness on movement. There was no swelling or tenderness along the course of the ulna or radius. The pain was thought to be rheumatic in origin. He underwent appropriate treatment in the Medical department without apparent benefit. After six weeks a small nodule was noticed on the subcutaneous aspect of the ulna two inches from the olecranon. This, of course, was not inconsistent with the diagnosis of rheumatism. Four weeks later the nodule began to increase more rapidly in size. Shortly afterwards a boggy swelling, suggesting a gumma, appeared in the upper part of the forearm. This quickly broke down, leaving a typical gummatous ulcer on the front aspect of the forearm. Through the base of the ulcer a probe could be passed down to the periosteum of the ulna. Two other smaller gummata appeared about the same time. He was put on mercury and iodide of potassium, and the ulcer began to heal up rapidly. No signs of previous manifestations of syphilis could be discovered, and there was absolutely no history of that disease obtainable.

The interest in this case lies in the fact that the pain preceded by a considerable interval any evidence of periosteal trouble, and there was nothing whatever in the first instance to suggest that the pain was syphilitic in origin; and, further, the case illustrates a point that has been

already emphasised, namely, that in many cases of tertiary syphilis the primary and secondary stages have been so slight as to escape the patient's observation.

IV.—SYPHILIS RESEMBLING MALIGNANT DISEASE.

The following case, although the diagnosis was clear when the case was fully examined, is still of interest on account of the curious local condition which led the patient to come to the Hospital. This local condition, although due to syphilis, looked at alone strongly suggested a malignant growth.

A woman æt. 23 complained of a sore at the navel, from which there was a slight blood-stained discharge. On examination the recess of the umbilicus was found to be occupied by an indurated warty growth about the size of a sixpence. She stated that she had noticed it for about five months. There was some infiltration of the surrounding tissues, extending also apparently deeply into the abdominal wall. This induration rather suggested a carcinomatous growth, possibly secondary to some primary visceral growth, such a condition being not uncommon. In such cases the primary growth may be in the liver, or rectum, or other part of the alimentary tract. On proceeding to examine the rectum to exclude a primary growth in that site, the diagnosis was at once cleared up by the finding of a well-marked squamous syphilide surrounding the anus, and extending on to the buttocks. After some questioning the patient admitted exposure to contagion six months previously. Six weeks subsequent to this she "had spots all over," which gradually disappeared, except at the navel, where they persisted, the present condition gradually resulting. She was put on mercurial treatment, and in about one month the rash about the buttocks had entirely disappeared, while the condition about the navel was almost well.

This curious condition probably started as a simple squamous syphilide, which had persisted in the umbilical recess after the rash on the trunk had disappeared. The rash then became condylomatous owing to the moisture of the part, and finally had become inflamed and indurated. This induration persisting after the subsidence of the local inflammation gave rise to the characteristics presented by the case when first seen.

V.—SYPHILITIC EPIDIDYMITIS.

Syphilis affecting the testicle usually involves the body of that organ, the epididymis and cord being usually unaffected. According to Hutchinson, syphilitic disease of the testis is seldom seen in early secondary or later tertiary periods. It is, as a rule, an affection of the intermediate group of symptoms, like the so-called "palmar psoriasis" to which reference has already been made.

Generally speaking, it will be found that when both testes are involved, this affection succeeds the primary stage at no very long interval; while if only one organ is the seat of disease, several years may have elapsed since the time of infection. Occasionally, instead of the body of the testicle being involved, there is irregular enlargement of the epididymis, with or without nodular deposits. The true nature of this condition, when unilateral, is not always at first sight clear.

A man æt. 38 came to the out-patient room complaining of a tender swelling in the scrotum. On examination the right testicle was found enlarged to about the size of a small hen's egg. The

enlargement was almost entirely confined to the epididymis, the globus major being chiefly involved. The cord was thickened. There was some tenderness to touch. He had noticed the swelling about a week. This condition hardly suggested syphilis. The history was too short, the swelling was tender, there was practically no enlargement of the body of the testis, and the cord was involved. As regards syphilitic history, ten years previously the patient had had a sore on the penis, which had got quite well in less than a month, and was followed, so far as he was aware, by no secondary symptoms. The physical signs of the case rather suggested a urethral epididymitis, but there was no evidence that the patient had had gonorrhœa or other urethral discharge. There was no urethral stricture. The diagnosis was thus confined to either tubercle or syphilis. When seen two weeks later the diagnosis was clear. There was a considerable increase in the size of the swelling, while all tenderness had disappeared. The epididymis was more nodular and hard, and quite painless on firm pressure. The body of the testis was now enlarged, and there was increased fluid in the tunica vaginalis.

This proved then to be one of the cases where syphilitic disease of the testicle primarily involves the epididymis, instead of, as is usual, the body of the gland. The diagnosis in this case was made difficult at first by the fact that on the patient's first visit the swelling was tender and the cord involved. This was probably due to an accidental inflammation of the part, as it had entirely disappeared when the patient was seen subsequently.

(To be continued.)

Notes on Two Cases of the Successful Use of Antistreptococcic Serum.

By MARK R. TAYLOR, L.R.C.P., M.R.C.S.

CASE I.—Mrs. L.—, widow, æt. 55. First seen on February 26th, 1898. Found her with a brawny swelling surrounding the whole neck, and completely filling up the hollow between the head and chest. Behind was a deep groove, marking the line of the vertebrae. Patient complained of

intense pain and inability to move the head or open the mouth. Temp. 104.8°; pulse 105, with great collapse.

Patient is a very stout woman, with some aortic regurgitation, and at this time had just recovered from a severe attack of pleurisy, following influenza.

Dr. Norris, of this place, saw her with me, and agreed to the impossibility of diagnosing the cause of the condition in the absence of any local signs of softening or redness.

27th.—Swelling greater; no sign of redness or any soft spot; pain very intense. Temp. 104.2°. Injection of 5 c.c. of antistreptococcic serum.

28th.—Pain less; swelling generally softer; no fluctuation. Patient able to open mouth a little and move head slightly. Slept without opiate. Temp. 101.8°. Injection of 5 c.c. serum.

March 1st.—Swelling almost gone in front and at sides of neck. A dull red tender patch formed at right side behind. Temp. 99.6°. Injection of 5 c.c. serum.

2nd.—Skin giving way at red point; dark brown slough showing; general appearance of a carbuncle; no pain. Temp. 99°. Injection 5 c.c.

3rd.—Slough beginning to separate. Temp. normal. Injection of 5 c.c.

4th.—Slough almost gone, leaving hole about 1½ inches by ¾ inch. Injection of 5 c.c.

5th and onward.—Uninterrupted recovery. Able to walk downstairs in eight days from beginning of attack.

CASE II.—Thomas M.—, labourer, æt. 60, had been to me at intervals for last two months for chronic purulent catarrh of left ear of many years' standing. No treatment did any good.

October 20th, 1899.—Sent for me. Found him in great pain in left ear; slight thick foul-smelling discharge; some relief on syringing. Opium and fomentations.

21st to 24th.—Gradual increase of pain and quantity of discharge, latter growing more and more offensive. Mastoid tender on tapping.

25th.—Tenderness to touch over mastoid; whole area red and swollen; ear bulged out; very profuse stinking discharge; pain intense; patient very ill. Temp. 103.4° (in evening).

26th.—Symptoms generally more acute. Temp. in morning 102.8°. Injection of 5 c.c. antistreptococcic serum.

27th.—Pain less; slept for first time for a week without opiate. The discharge less and thinner. Temp. 100°. Injection 5 c.c.

28th.—Very little pain. Swelling, redness, and tenderness all going. Discharge less, and less fetid. Temp. 99.2°. Injection of 5 c.c.

29th.—Practically no pain or tenderness; discharge nearly inodorous and very slight. Temp. normal. Injection 5 c.c.

30th.—Improvement continued. Injection of 5 c.c.

November 10th.—No discharge; slight perforation, with healthy edges. Patient able to hear better than for months past.

There was a slight attack of urticaria about November 5th, five days after the last injection.

Comments.—In both cases the cessation of pain and rapid improvement in the general conditions were really marvellous.

In the first case Allen and Hanbury, and in the second Burroughs, Wellcome and Co., supplied the serum.

Owing to the expense of treating club patients at the rate of half-a-crown a dose, I only used half a dose—5 c.c.—at a time.

A very efficient syringe (at about one tenth the price of the special ones) can be made out of an ordinary glycerine syringe, a hypodermic needle, and a piece of rubber tubing.

Both cases were in small cottages, where it would have been most inconvenient to operate, and impossible to have had any proper nursing; so that the use of the serum seems to be likely to be particularly useful to country practitioners who are not within easy reach of any hospital.

Notes.

DR. W. D'ESTE EMERY, late Lawrence Student, has been appointed Assistant Surgeon to the Birmingham and Midland Skin and Urinary Hospital.

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THE University of Durham has awarded the Stephen Scott Scholarship to P. E. Turner, M.B., B.S. (Dunelm), for his essay on Hypopyon.

* * *

MR. A. GRANVILLE has been elected a Vice-President of the Abernethian Society in the place of Mr. W. T. Rowe.

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A NEW edition of the Hospital Pharmacopœia is in progress, adapted to the changes made in the 1898 British Pharmacopœia.

* * *

THE Annual Exhibition of the Photographic Society will be held on Wednesday, December 6th. Hon. Sec., Mr. Hanbury.

* * *

DURING the past month Death has been busy amongst the ranks of old Bartholomew's men. On November 8th Dr. Reginald Southey, a former physician to the Hospital, breathed his last, after only a few days' illness. We hope to print a short memoir of Dr. Southey, from the pen of one of his former colleagues on the staff, next month.

* * *

ON October 18th we were saddened by the news of the

rather sudden death of Mr. F. H. Lewis, who succumbed on the fifth day of his illness to a bad attack of scarlet fever, at the London Fever Hospital, Hampstead Road.

Lewis was the son of a medical man. He was educated at Queen's College, Taunton, and came up to Bart.'s in 1885. After passing in physiology and anatomy at the Conjoint Board he proceeded to Cambridge, where he took his B.A. in 1891 with honours. He then returned to Bart.'s, and took the M.R.C.S., L.R.C.P. in 1892, and the M.B., B.C. in 1893. He was appointed house physician to Dr. Church, and subsequently held the posts of extern midwifery assistant and junior assistant chloroformist. This last-named appointment he held for two years, and then went to Vienna to study diseases of the ear, nose, and throat. He had previously been house surgeon to the Royal Victoria Hospital for Children at Brighton.

On returning from Vienna Lewis went to Brighton for a few months, but came back to town and became house surgeon to the Central Throat Hospital in Great Portland Street. He was working in this capacity at the time he contracted his fatal illness.

His loss will be much felt by his friends, and among that number may be reckoned all those who had the privilege of working either with him or under his supervision. He was very popular with his clerks whilst holding appointments at Bart.'s. He was kind and considerate to them, and, though willing enough to put them right when occasion demanded it, wished them to find out independently the secrets of the profession, especially that great one of showing consideration to poor patients.

In his social relations he was very happy, modest, and retiring. He showed great aptitude for music, being an excellent performer both on the violin and on the 'cello. His knowledge of human nature was considerable, and travel had made him a pleasant and broad-minded companion. His early death has removed one who would surely have risen to eminence in his profession.

* * *

THE gloom that fell over us on account of the above unexpected event became intensified on learning that another of Dr. Church's former house physicians had passed away. We refer to Mr. A. Woodward, who died of enteric fever in Madras early in October.

Arthur Woodward will be well remembered by many of the present students at St. Bartholomew's. During his student days he took a keen interest in the sports of the Hospital, and especially in Association football, at which he was an excellent player. His school work was not, however, neglected; and testimony is borne to the excellence of his work in the fact that soon after his qualifying, which he did in 1895, he was nominated house physician to Dr. Church. As a house physician he was very successful, both with the patients and among those who worked with

him in the wards. He was subsequently house surgeon at the Metropolitan Hospital.

Recently he proceeded to India as a special plague officer, and was sent to Madras. There he was advanced rapidly, having at the time of his death part charge of the General Hospital at Madras.

One friend of his, who worked with him during the worst period of the plague, speaks of the dread he always had of contracting typhoid fever; and it is a melancholy fact that his sad end from typhoid justified his apprehensions.

His loss will be much regretted by all that knew him, both for his professional ability and for his good qualities as an excellent friend.

* * *

A FOURTH loss from our ranks came with the death of P. S. Kesteven, which took place on the Amazon recently.

* * *

WE publish some notes of a couple of cases "of the successful use of anti-streptococcic serum," which perhaps call for some comment. We could not help being struck with the fact that in each case there seemed to be indications for an older and usually very successful mode of treatment—surgical evacuation of the pus or septic matter. To have trusted to a doubtful and new mode of treatment when a more sure, and certainly more tried remedy was at hand appears somewhat strange. But we publish the cases because, until further observations of the kind are available, Mr. Taylor has, perhaps, as much right to regard the results as *propter hoc* as we have to suspect them to be merely *post hoc*.

* * *

IT is several years since the Lord Mayor's Show favoured West Smithfield with a sight of its pageantry. This year, however, we once more found ourselves *en route*. In consequence the Library windows were unscrewed and thrown open, that the fair friends of St. Bartholomew's men might be provided with "front seats." Similar use was made of the windows of the Physiological Laboratory. The roof of the Surgery and the adjoining parapet swarmed with eager students, who showed an intense desire to know the reason why any City functionary who chanced to pass in the procession failed to do obeisance to the City Hospital.

* * *

DID anyone during the past few years seek to know why the Library windows on the Smithfield side were firmly screwed and bolted, the librarian would "a tale unfold" that did little credit to the students who greeted the Lord Mayor on the occasion of his last passing the Hospital. This year can provide him with no such harrowing reminiscences. Nevertheless we believe that the man in the street was not altogether satisfied with the state of affairs, for we ourselves saw the Warden engaged later in earnest conversation with a certain gentleman whose function it is to preserve the peace. We *hear* he was trying to convince

that gentleman that a certain member of the surgical staff, whose name he had taken, was *not* a student, nor likely to have thrown coppers from the parapet at the crowd below. But this is only rumour.

* * *

NATIONAL ANTI-VIVISECTION HOSPITAL.

TRUSTEES.
The Dowager Countess of Viscount HARBERTON.
PORTSMOUTH. A. WALL, Esq., L.R.C.P.,
Lord HATHERTON, C.M.G. M.R.C.S.
Rev. A. JACKSON, M.A.

BANKERS.
National Provincial Bank of England (Piccadilly Branch).
NO VIVISECTORS ON ITS STAFF.

NO VIVISECTION IN ITS SCHOOLS.

NO EXPERIMENTS ON THE POOR.

A Friend has promised £1000 if 10 sums of like amount are given, and Lord Hatherton has promised another £50 if 19 similar sums are given.

The Committee of the above Fund earnestly appeal for help for the Hospital which is about to be established.

Contributions thankfully received by Hon. Secretary, 32, Saville Street, Piccadilly, W.

We have the magnanimity to insert this advertisement free of charge. "No vivisection in its schools" is distinctly good; we can almost guarantee that ourselves, seeing how more than remote is any possibility of the "schools." For the other two vetoes we pray as fervently as the most ardent anti-vivisectioner himself, only for quite other reasons: "no vivisection on its staff" because—no staff; and "no experiments on the poor" because—no poor! And the motive of our prayer is simple; a staff declining to make use of knowledge gained by vivisection would be a sadly incompetent staff, and treatment of the poor on similarly ignorant lines would be fatally experimental.

Amalgamated Clubs.

RUGBY FOOTBALL CLUB.

ST. BART'S v. PARK HOUSE.

Played at Winchmore Hill on Saturday, October 21st, and resulted in a win for the Hospital by 2 goals and 1 try to *nil*. Owing to a fog, Park House did not turn up until very late, and consequently short time had to be played. Our opponents nearly scored twice in the first ten minutes, but after this our forwards asserted their superiority and worked the ball into the Park House "25." Thompson soon made a good run along the touch-line, and, when stopped, passed in to Tosswill, who scored behind the posts; O'Neill converted. Immediately after the kick-out Wilson obtained the ball after some loose play, and ran in with a try, which was again converted. There was no more scoring up to half-time.

After the interval we did most of the pressing, but Godfray once very nearly scored, a disaster being averted by Marshall, who brought off a good collar. Towards the end Gillies picked up neatly in Park House "25," and, after a clever run, scored far out. O'Neill failed with the kick. Team:

St. Bart's.—E. S. Marshall (back); J. B. Gillies, H. W. James, T. Howell, H. W. Thompson (three-quarters); B. N. Ash, T. O'Neill (halves); H. C. Adams (captain), A. O'Neill, L. R. Tosswill, H. T. Wilson, A. R. Neligan, H. E. Graham, R. I. Douglas, H. W. Thomson (forwards).

ST. BART'S v. R.N.C.

Played at Greenwich on Wednesday, October 25th, and resulted in a win for the Hospital by a goal and a try to a try. The play was of a distinctly ragged character, the chief feature of the game being the

resolute tackling on both sides. After a quarter of an hour's desultory play, Howell got the ball from a "scrum," and dashed over. The try was converted by O'Neill. Our halves were frequently penalised for picking the ball out of the "scrum," but we think that this was mainly due to the off-side tactics of the opposing halves. Close on half-time Jolly scored in the corner after a good run. The attempt at goal failed. We all but scored again just before the whistle blew.

Soon after resuming, Ash, who was now playing half, eluded his opponents, and on reaching the back passed to O'Neill, who ran in, but failed to kick the goal. There was no further score. Jolly and Clayton played well for R.N.C., and Wilson, Adams, and Marshall played well for us. Team:

St. Bart's.—E. S. Marshall (back); J. B. Gillies, H. W. James, T. Howell, H. W. Thompson (three-quarters); B. N. Ash, D. Stone (halves); H. C. Adams, A. O'Neill, H. T. Wilson, L. R. Tosswill, A. R. Neligan, H. E. Graham, R. I. Douglas, H. W. Thomson (forwards).

ST. BART'S v. ROSSLYN PARK.

The Hospital were not at full strength in this match at Richmond on Saturday, October 28th, and consequently had to acknowledge defeat by 4 goals and 2 tries to *nil*. A. O'Neill was absent assisting Devon, which made a considerable difference in our forward rank. T. Howell, one of our halves, was unable to turn out at the last moment owing to an injured knee, so consequently we had to play one short all through. In the first half of the game, by good tackling, we kept our opponents out fairly well, only 1 goal and 1 try being scored at half-time.

In the second half, Orpen, Bailey (2), and L. M. Murdoch scored tries, three of which Pooley converted, leaving Rosslyn Park winners as stated above. Teams:

St. Bart's.—E. S. Marshall (back); J. B. Gillies, H. W. James, H. W. Thompson, H. E. Stanger-Leathes (three-quarters); B. N. Ash, T. O'Neill (halves); H. C. Adams (captain), H. T. Wilson, L. R. Tosswill, A. R. Neligan, H. W. Thomson, G. M. Levick, E. G. Milsom (forwards).

Rosslyn Park.—A. K. Tasker (back); L. Hood, L. Y. Orpen, H. P. Gaze, G. Bailey (three-quarters); H. H. Cobb, E. S. Bailey (halves); J. M. Pooley, F. S. Young, C. E. Witt, E. H. Maddocks, H. G. Finch, P. King, L. M. Murdoch, H. B. Murdoch (forwards).

ST. BART'S "A" v. CIVIL SERVICE "A."

This, the first match of the season, was played at Winchmore Hill on Saturday, October 7th. The Hospital had much the best of the game, and won easily by 3 goals and 5 tries to 1 try. Tries for the Hospital were scored by S. Mason, W. H. Scott, L. M. Rosten, D. Stone. N. M. Wilson scored the only try for the Civil Service. Team:

St. Bart's.—H. W. Pank (back); T. O'Neill, S. Mason, L. M. Rosten, C. G. Martin (three-quarters); W. H. Scott, D. M. Stone (halves); F. Harvey (captain), H. E. Stanger-Leathes, E. G. Milsom, N. Conolly, H. W. Thomson, J. Corbin, T. Bates, H. M. Huggins (forwards).

ST. BART'S "A" v. SURBITON "A."

Played at Winchmore Hill on Saturday, October 14th, and ended in a win for the Hospital by 3 goals and 2 tries to *nil*. Tries were scored by Scott, Corbin, Hamilton, and Bates. Team:

St. Bart's.—H. W. Pank (back); L. M. Rosten, S. Mason, — Ellett, J. Corbin (three-quarters); W. H. Scott, D. M. Stone (halves); F. Harvey (captain), W. H. Hamilton, E. G. Milsom, N. Conolly, T. Bates, H. M. Huggins, C. F. Nicholas (forwards).

ST. BART'S "A" v. PARK HOUSE "A."

Saturday, October 21st, at Kidbrooke; had to be abandoned owing to a thick fog.

ASSOCIATION FOOTBALL CLUB.

ST. BART'S v. R.M.C., CAMBERLEY.

Played at Camberley on October 21st. We arrived at Camberley at three o'clock, being very late owing to a thick fog down the line. Lunch was kindly provided, and a start was made soon after. The ground was dry and bumpy. Fortunately there was no fog until the last five minutes of the game. The Hospital started down the hill and attacked, the forwards playing fairly well together. We were soon rewarded by a side shot of Berryman's, which scored our first point. Our opponents soon replied by a good side shot from the left wing.

In the second half we scored two successive points, one from an excellent corner by Miller, and the other from a scramble in front of goal. The weakness of our backs—Orton and Fowler being both away—showed itself at this point, and our opponents made good two more goals. For the next ten minutes the game was very vigorous, but nothing more was scored, so the match was drawn (3—3). Team:

St. Bart.'s.—J. P. Griffen (goal); F. E. Taylor, W. J. Nealor (backs); G. W. Miller, H. W. Masterman, and a sub. (halves); H. N. Marratt, R. C. Berryman (right), C. O'Brien (centre), V. G. Ward, F. S. Lister (left) (forwards).

ST. BART.'S v. EASTBOURNE.

Played at Eastbourne on October 25th, and resulted in a win for the Hospital by 2 goals to 1. The first goal was scored within the first minute of the game. Lister took the ball down the left wing, and O'Brien put it through. The Hospital had by far the best of the first half, but did not score owing to erratic shooting.

In the second half Eastbourne played up harder, and the game became more vigorous. They scored their one and only point from near the goal line. The score was then 1 all, and a draw seemed probable. The second and last point was scored by Ward, after a good combined run by the forwards. The forwards played a very much better game, and their erratic shooting may be put down to the bumpiness of the ground and the slippery ball. Team:

St. Bart.'s.—J. P. Griffen (goal); L. Orton, A. N. Other (backs); G. W. Miller, H. W. Masterman, W. J. Nealor (halves); H. N. Marratt, R. C. Berryman (right), C. O'Brien (centre), V. G. Ward, F. S. Lister (left) (forwards).

ST. BART.'S v. IDLERS.

Played at Wanstead on October 28th, and resulted in a win for the Hospital by 3 goals to 1. The Hospital won the toss, and started up a steep hill and against the wind. Soon after the start Fernie scored the first point from a centre from the right wing. The next point was scored by O'Brien after a combined run by the forwards. These were the only goals scored in the first half. Considering their weakness, Marratt and Lister being both away, the forwards played a good combined game.

In the second half the Idlers scored their only goal about ten minutes after the start. Soon after this Miller put in an excellent corner, and Ward scored the Hospital's third goal. The backs defended well in the first half against the wind, and Waterfield and Jones played up well at half. Team:

St. Bart.'s.—H. H. Butcher (goal); L. Orton, T. H. Fowler (backs); J. W. Jones, W. J. Nealor, N. E. Waterfield (halves); G. W. Miller, R. C. Berryman (right), C. O'Brien (centre), V. G. Ward, C. H. Fernie (left) (forwards).

HOCKEY CLUB.

ST. BART.'S v. KENSINGTON.

This match, which resulted in a draw of 2 goals all, was played in a thick fog, in consequence of which very little of the game could be seen. In the first half the Hospital attacked pretty freely, but only scored twice, as combination was impossible, Beckett obtaining both goals for us.

In the second half Kensington sent in a good many hot shots, but failed to score for some time; but, owing to an unlucky accident, one of our halves put the ball through our goal, and on the call of time, Crawford, by means of an excellent shot from a corner, obtained another goal for Kensington. Team:

St. Bart.'s.—A substitute (goal); E. T. Glenny, D. Jeaffreson (backs); A. H. Muirhead, M. O. Boyd, J. A. Nixon (halves); A. Hallows, Lloyd-Jones, F. H. Beckett, G. V. Bull, R. C. Wilmot (forwards).

ST. BART.'S v. IVANHOE WANDERERS.

This match, played at Herne Hill on October 25th, resulted in a win for the Hospital by 4 goals to *nil*. At the start the Wanderers pressed our goal, but were unable to score. Glenny, however, soon obtained the ball, and, by means of good combination of the forwards, took it into our opponents' circle; but for some reason no one seemed able to shoot straight, and our goal was very soon attacked again. But our forwards, waking up to the situation, combined well, and enabled Glenny to score the first goal. Nothing further was scored before half-time.

In the second half, although we had the hill against us, an excellent combined game was played, and Gray had bad luck in hitting the post with a good shot. After this the Hospital attacked

pretty freely, the right wing being especially conspicuous. Glenny scored twice with excellent shots, and just before time followed them up with another very ferocious one, which broke the back net. Hallows, Glenny, and Hill played well for the Hospital. Team:

St. Bart.'s.—A. H. Muirhead (goal); M. Coalbank, D. Jeaffreson, H. B. Hill, M. O. Boyd, H. E. Flint, A. Hallows, H. C. van Laun, E. T. Glenny, H. Gray, R. C. Wilmot.

BOXING CLUB.

The Boxing Club has sustained a great loss this year in the death of Alec Roberts, its late instructor. His good humour and excellent teaching were appreciated by all who knew him. He had been instructor here for more than eight years.

Freshmen and others are cordially invited to come down to the rooms. It is excellent exercise, and good training for football, etc. The Club rooms are open at 4.30 on Mondays, Wednesdays, and Fridays.

The instructor comes on Wednesdays, but some one will be down there on any of those days.

For further particulars apply to either of the Hon. Secs., C. L. C. Owen, F. Whitaker.

The Bahere Lodge, No. 2546.



An emergency meeting of the Rahere Lodge was held at Frascati's restaurant, Oxford Street, W., on Tuesday, November 14th, 1899, W. Bro. R. J. Reece, M.D., in the chair. Mr. Henry Evans Thompson, M.B., and Mr. C. A. Worth, F.R.C.S. Eng., were duly elected members of the Lodge, and were initiated into Freemasonry. Bros. C. J. Heath, Tunnicliffe, and Austen were raised to the third degree. A vote of condolence was passed with Mrs. Canti on the recent death of her son, Bro. Frederick Henry Lewis, B.A., M.B. Cantab., who was initiated in the Lodge last January. The Brethren, with their guests, afterwards dined together.

Ibernetian Society.



At the first ordinary meeting, held on Thursday, October 12th, Mr. W. E. Lee, F.R.C.S., read a paper entitled "Six Months with Her Majesty's Forces." In it the speaker drew attention to the little knowledge which was possessed by the men at the hospitals of the true position of the medical man in the army. The working of the medical arm of the force was explained. The duties and daily routine of life at a home station were illustrated by the experiences of the speaker. Mention was made of the power that the medical officer possessed, and it was often to the misuse of this that the friction which sometimes occurs between the medical men and the combatant officers arose. The particular forms of disease met with were mentioned, attention being called to the prevalence of venereal disease amongst the troops. An interesting discussion followed.

On October 12th a clinical evening was held. Mr. Pollard showed a well-marked case of lymphadenoma in a boy *æt.* 11, who was being treated with arsenic in gradually increasing doses.

A case of an ossifying enchondroma, growing from the upper end of the shaft of the right humerus in a young man *æt.* 22, was shown by Mr. Niall, the case being one of interest owing to the size of the tumour, which was about two inches in its longest diameter.

Dr. J. H. Thursfield showed the brain of a child, *æt.* 2 years, which had died of posterior basal meningitis; also specimens of double urethra, and two kidneys showing numerous septic infarcts.

Mr. J. L. Maxwell exhibited some microscopical specimens of tuberculous salpingitis. He made some remarks upon the cases from which the specimens were taken, expressing the view that primary tuberculous disease of the Fallopian tubes was not so rare as it is supposed to be.

At the meeting held October 26th, Mr. R. D. Parker read a paper entitled "The Arthritic Diathesis, a preface and some figures."

On November 2nd Mr. Womack read a paper entitled "Some Cases of Toxicology."

A full account of both these papers will appear next month.

On November 9th Dr. A. E. Garrod read a paper on "Some Clinical Aspects of Disease in Children," a full report of which appears in another part of the JOURNAL.

A Lecture and a Query.

[The St. George's Hospital Calendar for 1899 states that the Lectures on Forensic Medicine will include "one course of Clinical Insanity."]



SUBJECT full of interest but, gentlemen, most sad,
Is that which next engages our attention,—
I mean the painful study of the clinically mad,
Some types of which I now propose to mention:
First—the newly qualified M.B. with egotism fired,
Complacent, full of diagnostic vanity,
Convinced as well that all his views on treatment are "inspired"—
A common type of clinical insanity.

Next we see the portly imbecile of riper mien and age,
Whose mental state is often undetected
By men who view stolidity and blatant verbiage
As signs of wisdom much to be respected:
Who preaches dietetics, writes prescriptions by the sheaf,
Concealing 'neath a mask of suave urbanity
An ignorance so gross as to be almost past belief—
A monument of clinical insanity.

Then of busily delirious practitioners beware,
Who think it is the part of a physician
To chatter at the bedside trivialities, or air
His views on the political condition;
Who babble on, regardless of their patient's frame of mind,
With gibbering and twittering inanity,
Exhibiting what irritable people often find
A trying form of clinical insanity.

Lastly, view the wild delusions of the theorising crank,
Who cares not what the worth of any fact is,
But catches up with glee the latest therapeutic plank,
And tests it on the remnants of his practice;
Who lights up every orifice with lamps appropriate—
A proceeding most conducive to profanity—
And goes through life triumphant, little dreaming that his state
Is really one of clinical insanity.

Oh, reader! are we Pharisees?
Let's pause before we cry
Our thanks that we are "not as these;"
Are you so sane?—am I?

G. H. R.—*St. George's Hospital Gazette.*

Reviews.

PRACTICAL NURSING: by ISLA STEWART and HERBERT E. CUFF, M.D., F.R.C.S. (W. Blackwood and Sons, London. In 2 vols. Vol. I, crown 8vo; 3s. 6d. net.)

WE believe we are correct in saying that the nursing profession has been looking forward to the appearance of this book with no small amount of interest. If so we feel sure that the work will more than fulfil any anticipations which may have been entertained of it. We have not yet met with any book on the subject that is so thoroughly practical, so precise, or so free from unnecessary or debatable matter. To include clear accounts of subjects with which every nurse who is ambitious to make her duties something more than mere rule-of-thumb procedures ought to be acquainted, and withal to exclude references to purely medical topics, which must inevitably be but half-truths at best, is no simple task, yet the authors have certainly succeeded. The volume before us deals with the "nurse's work from a general point of view;" in the second volume the authors propose "to consider in detail the nursing of the various medical and surgical ailments." Here we foresee that the task will be still more difficult, yet we trust the result will be as satisfactory.

Miss Stewart (we surmise) begins with an excellent chapter upon "Nursing as a Profession," which we heartily recommend to the consideration of all who are starting in this particular sphere of action. The qualifications for succeeding are not few, nor are they too common: "To become a good nurse a woman must possess con-

siderable intelligence, a good education, healthy physique, good manners, an even temper, a sympathetic temperament, and deft, clever hands. To these she must add habits of observation, punctuality, obedience, cleanliness, a sense of proportion, and a capacity for and habit of accurate statement. Training can only strengthen these qualities and habits, it cannot produce them." "A sense of proportion" is a host of good qualities in itself, to which a "capacity for accurate statement" is but a corollary, though so important a one that we are glad to see a special reference to it. We should be inclined to place it not far from the chief desideratum of a successful nurse. But we fear not a few would-be nurses, as they read the list of necessary virtues, will heave the psalmist's sigh and say, "It is high; I cannot attain unto it." But it by no means follows that the reader who soliloquises thus will not succeed; she will at least not develop into a type of nurse "who," we learn, "so often brings her profession into disrepute; for to a curious ignorance she often unites a most consuming confidence in herself." Of obedience we read that it "is the first duty of a nurse and the best test of her training." As part of a discussion upon "A nurse's duty to herself" she is told that "her pleasures should be lightly held, tasted with enjoyment, and easily put aside; her duties grasped firmly, and unswervingly followed"—in which advice there is a ring of genuine philosophy. The "etiquette of hospital life" is wholesomely described as "nothing more than common politeness officially expressed,"—good food for reflection for such as are fond of conceiving all sorts of imaginary conduct—situations in the life of a hospital nurse that never fall to the lot of other women. We are therefore glad to see that a discussion of the various so-called "evil tendencies" of hospital life is conspicuous by its absence. We have got past the old debate as to whether the study of medicine makes a man "callous"—that was always the favourite word,—and it is quite time we began to see the last of a similar debate concerning the effect of the nurse's training upon a woman. A man will be either a cad or a gentleman be his profession shoeing horses or healing the sick; and a woman will neither be saved from unwomanliness nor prevented from attaining the highest ideals possible to her sex, by adopting the profession of nursing.

In the succeeding chapters the authors deal with such important subjects as "The Hygiene of the Ward," "Personal Care of the Sick," "Observation of the Patient," "Diet in Disease," "Cold and Hot Baths and Packs," "Hot and Cold Applications," "Syringing," "Enemata," "Administration of Medicines," "Nursing and Feeding of Sick Children," "Contagion and Infection," and "Surgical Cleanliness."

We specially praise the sections dealing with ventilation, mode of application of cold and heat to the patient, the giving of enemata, and the principles of asepsis. The accounts are in each case both thorough and simple, and nowhere wander into regions of abstruse scientific disquisition. There is no attempt to advertise a depth of knowledge on the part of the authors that could yield no possible assistance to the nurse in search of practical information. Yet to write so lucid an account for the use of beginners presupposes a close acquaintance with many facts that are wisely withheld.

The chapter on "Diet in Disease" contains many particulars concerning invalid regimen, and its chief value is that it does not skip common points in the preparation of the various articles of food. The making of tea, however, we notice, is allowed to pass, probably on the principle of *cela va sans dire*, which is a pity. A note to the effect that anything not got from the dried leaves by merely pouring boiling water over them is injurious, however tasty, might save sundry symptoms of dyspepsia, as well as the doctor's veto at his subsequent visit. We read that a "good nurse will often be able to give her patients a drink of milk without fully waking them;" but there are cases in which so skilful a procedure might be far from desirable, not to say risky. In all cases where there is any difficulty of swallowing, tendency to coma, or even in ordinary hemiplegia, the danger of deglutition pneumonia must be remembered.

The descriptions of poultice and fomentation making are excellent. The subject of enemata we have already referred to. In the paragraph dealing with "drugs which may produce symptoms of poisoning" we do not consider the warning that "arsenic may injuriously affect the nerves of the arms and legs, causing those members to be paralysed; any obvious increase in weakness of the limbs should be carefully looked for and reported," is well advised. If an early sign of such toxic effect were needed, surely the occurrence of unwanted pains and other sensory phenomena would be preferable; but we hope no doctor would be so unwise as to trust the nurse for signs of arsenical neuritis in his patient. The same remark applies to the administration of digitalis.

In speaking of belladonna poisoning, the possibility of delirium should have been mentioned as occurring in even mild cases, especially in women, and that it may be the first symptom noticed. It does not, however, indicate "an extremely dangerous state of affairs;" such an opinion would distress the patient's friends quite unnecessarily. A cessation of the medicine, or plaster, or liniment is generally all that is needed to effect a cure.

In the chapter on feeding children the method of injecting the food into the nose in tracheotomy cases would be better omitted; the account of nasal feeding by passing a flexible tube into the stomach is all that could be desired. In the section dealing with "surgical nursing" there is no mention of such possible contingencies as hæmorrhage after operations, etc.; but perhaps in this we are anticipating the contents of Vol. II.

In conclusion, we may add the assurance that the doctor who finds he sometimes has to be the nurse as well, and the doctor who does not, can neither of them fail to read this little book without some addition to his stock of useful knowledge, and therefore to his power in the sick-room.

AN INTRODUCTION TO DISEASES OF THE NERVOUS SYSTEM, by H. CAMPBELL THOMSON, M.D., M.R.C.P. (Baillière, Tindall, and Cox. Demy 8vo, pp. 124. Twenty-five illustrations. Price 4s.)

"This book is intended as an introduction to the study of diseases of the nervous system." We quite agree with the author that "in writing a book of this description it is difficult to decide what to include and what to leave out." On the whole, we consider the book has merits and, for the first in the field, is deserving of praise. The division of the subject-matter is good, tending to give clear ideas upon the various sections dealt with. The pictures are helpful, and so are most of the diagrams. We should have thought, though, that the "diagrammatic representation of a neuron" on page 10 might as easily be made accurate as not. Thus the axon is represented as having a broader origin from the cell than the dendrites, and its collateral and terminal endings—really parts of the neuron—are conspicuous by their absence. Nissl's method of staining, by the way, does not involve the use of methyl blue.

There is a looseness of phraseology here and there which is to be regretted in a book intended for the beginner, in teaching whom the accurate use of terms means everything. We append illustrations: "Sensation may be subjective or objective. Subjective sensations are those felt by the patient, but which cannot be demonstrated by any outward sign; while the objective ones are those elicited on examination. A headache is an example of the former. The patient describes it and feels it, but beyond that it cannot be demonstrated to anyone else; whereas in objective changes patches of anaesthesia or analgesia may be clearly marked out, and demonstrated to all." (To speak of anaesthesia as an objective sensation is surely a sad misuse of words.) . . . "Wrist-reflex, or wrist-tap, as it is often called, is obtained by tapping the radial border of the wrist."

Undue prominence seems given to some parts of the subject, and scant allowance to others which are of equal importance. Thus five and a half pages are devoted to conjugate deviation of the eyes, whilst the various possible pupil phenomena are dismissed in eight lines. Sensual reflex defects are not even mentioned, and nystagmus suffers a similar fate.

There is undoubtedly room for a work whose aim is that of Dr. Thomson in the book before us. We can only hope that a future edition may fill the gap better.

DIFFICULT DIGESTION DUE TO DISPLACEMENTS, by A. SYMONS ECCLES, M.B. (Baillière, Tindall, and Cox. Pp. 138. 27 illustrations. Demy 8vo. Price 4s.)

This little book contains, besides an introduction, four chapters, dealing respectively with "Gastropnoptosis," "Moveable Kidney," "General Enteropnoptosis," and "Prolapse of the Sigmoid Flexure." The introduction consists of an attempt to justify the importance attached by the author to small degrees of descent of one or several abdominal organs. Each chapter may be summarised as, firstly, a similar attempt with regard to the particular organ discussed; and, secondly, the enumeration of a set of cases illustrating the author's contention. The author concludes the introduction by remarking that "the relationship between uterine displacements and disordered digestion has not been dealt with, for the reason that the subject appears to belong more properly to the realm of gynaecology." The reference to these displacements of the uterus reminds us forcibly of

the pernicious influence which the attaching of an undue importance to such (often) trivial conditions produces on patients' minds. It is true that a school of gynaecologists has arisen since Matthew Duncan's day, which is endeavouring to counteract by its strenuous tuition the errors of its predecessors; but the number of women who are still kept upon the brink of hypochondriasis by the knowledge of some uterine tilt or bend is still legion. To these are now added quite a significant company of martyrs—of the same sex, unfortunately,—into whose lives there bulks the idea of the possession of a floating kidney. The mental and nervous effects of such information, too often carelessly vouchsafed to neurotic patients, are sometimes exceedingly bad, and are sometimes quite uncured, too, by an attempt at nephrorrhaphy. We recently came across a cook and a housemaid who were fellow-servants, and who had both been attending the out-patient department of a hospital for several weeks. The disease in each case consisted of a slight degree of dyspepsia with anaemia, and a marked degree of neurotic interest in the state of a supposed floating kidney. It is not difficult to imagine how this interest would be kept mutual by the "one touch of nature." If, now, to the uterus and the kidney are added the stomach, colon, and sigmoid flexure—not to omit the liver, spleen, and even pancreas—as possible varieties of displacements, where is any end to hysterics?

That these things occur—nephropnoptosis, gastropnoptosis, and the other forms of splanchnopnoptosis—we are quite ready to admit; but that they can be proved to produce, in the majority of instances, any symptoms sufficiently important to merit their being regarded as separate entities in the classification of diseases we do not admit. Gastropnoptosis plus gastrectasia is, of course, both a well-marked and an important condition; nephropnoptosis may be also of quite as great significance. But, for the most part, a stomach, a transverse colon, or a sigmoid a few inches higher or lower probably does not mean more than that there are potential differences in the positions of these organs referable to different individuals, and also to different states of health of the same individual. Thus a fat person naturally keeps his abdominal organs more "taut" than does a very thin one, as also does a person with well-nourished abdominal muscles than one having these in a state of flaccidity. But to assume that (say) a condition of dyspepsia is the result of any falling of an organ rather than the cause of it—acting, it may be, through both the loss-of-fat and the flaccid-muscle factors—appears to us unwarrantable. As an illustration of the (to us) fallacious logic of the author in this respect, we seem to be able just as easily to make his cases of sigmoid prolapse dependent upon the "obstipation," which was the main symptom, as to accept his assertion that this special form of enteropnoptosis produced the "obstipation."

With so much dissent from the main purpose of the book, references to other matters are scarcely necessary. But we cannot help remarking upon the baldness, and sometimes even total omission, of the details of treatment in the cases mentioned; so much so that prejudiced readers can scarcely avoid the conclusion that the cases described are regarded by the author himself as demanding a specialist's attention. Moreover, in 120 pages a dozen foot-note references to the author's other publications are too many, and might tend to support the conclusion mentioned, besides adding a distinct idea as to what specialist the author recommends. All which is much better avoided in any work that aims, as this one does, at being "a contribution to the clinical study of conditions which are not altogether without importance."

A POCKET MEDICAL DICTIONARY, by GEORGE M. GOULD, A.M., M.D. (H. K. Lewis, London.)

This small work originally hails from Philadelphia, and that it is an American production is obvious, quite apart from the information gleaned from the author's preface. "Bronchorrhea," "diarrhea," "dyspnea," "leucemia," "melena," "center," "liter," and "meter" proclaim the orthography to be Columbian. We expected, after this, to find "appendikitis," but were agreeably disappointed; we are let off with the hybrid in its Anglicised form. Phthisis, however, is given as "ti'-sis," which, though nearer the true etymological pronunciation than our own accustomed usage, will, of course, never find favour on this side the Atlantic. "Shadowgram" is as unnecessary and inaccurate as it is barbarous. "Neurasthenia" carries the penultimate accent. "Noli me tangere" is given as a synonym for rodent ulcer, and a "baby-farm" must be a somewhat more creditable concern in America than it is here, for we learn that it is an "institution for raising orphans." "Werthop's disease" is probably endemic, which would account for our being unfamiliar with it.

Correspondence.

To the Editor of the St. Bartholomew's Hospital Journal.

DEAR SIR,—I was pleased to see Dr. Hussey's letter on the prohibitive price of tickets for the Old Students' Dinner. It is a subject which has exercised me ever since I left St. Bart.'s; I, for one, have never been able to be present at the dinner since I left St. Bart.'s in 1879. I have made a strong protest yearly to the Hon. Sec. on the matter, but in vain.

If the price of a ticket were 7s. 6d. exclusive of wine, many men would attend who are now debarred. It seems manifestly unfair that men who drink little or no wine should pay heavily for wine which they do not partake of. A sufficiently good menu can be provided at 6s. or 7s. 6d. a head, as can be proved by the Cambridge Medical Graduates' dinner, or the dinner provided for any of the provincial medical societies.

Yours truly,
G. E. J. CRALLAN.

Examinations.

UNIVERSITY OF LONDON.

M.B. Examination.

First Division.—Danks, W. S., Scott, S. R.

Second Division.—Everington, H. D., Hirst, W. C., Rhodes, J. H.

UNIVERSITY OF DURHAM.

The degrees of M.B., B.S. have been conferred upon E. S. Wilkinson. Mr. Wilkinson's name was omitted last month.

CONJOINT BOARD.

The following, having completed their examinations, have received the diplomas of M.R.C.S., L.R.C.P.:—Cooke, J. G., Whitaker, L. E., Dyer, W. P., Ridout, C. A. S., Pridham, A. T., Burnand, W. E., Sanger, F., Wethered, E., Fisher, C., Hutt, H. A., Higgins, A. G., Gandy, T. H., Grenfell, P. B., Goodman, H., Pugh, A. B., Penrose, A. W., Worley, W. E. A., Lobb, H. P., Randolph, W. H., Hamilton, W. G., Davies, H., Bond, H., Thompson, C. C. B., Walker, H., Von Bergen, C. W.

SOCIETY OF APOTHECARIES.

Surgery.—Pickering, H. J., Wortley, E. D.

Midwifery.—Williams, C. H.

Medicine.—Ellery, R. F.

Diplomas.—Pickering, H. J., Wortley, E. D.

Appointments.

ANSORGE, W. J., L.R.C.P.(Lond.), M.R.C.S., has been appointed Medical Officer in the Niger Coast Protectorate.

EDDISON, F. R., M.R.C.S., L.R.C.P., appointed House Physician to the Royal Free Hospital.

EMERY, W. D'ESTE, M.D.(Lond.), has been appointed Assistant Surgeon to the Birmingham and Midland Skin and Urinary Hospital.

EVERINGTON, H. D., M.R.C.S., L.R.C.P., appointed Casualty House Surgeon to the Royal Free Hospital.

HUTCHENS, H. J., M.R.C.S., has been appointed Medical Officer at Beenleigh, Queensland, *vice* A. Sutton, resigned.

LEVISON, H. A., M.D.(Columbia University), M.R.C.S., L.R.C.P., appointed Assistant Resident Medical Officer to Queen Charlotte's Hospital for Women.

PETHYBRIDGE, WALTER LEV, B.Sc., M.D.(Lond.), L.R.C.P.(Lond.), M.R.C.S., has been reappointed Physician's Assistant at the Plymouth Public Dispensary.

PUGH, A. B., M.R.C.S., L.R.C.P., appointed House Surgeon to the County Hospital, Huntingdon.

QUENNEL, A., L.R.C.P.(Lond.), M.R.C.S., has been appointed Medical Officer for the Mountnessing Sanitary District of the Billericay Union, *vice* P. Johnson, resigned.

WARD, J. P. STEPHENS, L.R.C.P.(Lond.), M.R.C.S., has been re-appointed Assistant Physician at the Plymouth Public Dispensary.

WHITEFORD, C. HAMILTON, L.R.C.P.(Lond.), M.R.C.S., has been reappointed Medical Officer to the Provident Department of the Plymouth Public Dispensary.

WILKINSON, E. S., M.B., B.S.(Durh.), appointed Junior Assistant Medical Officer to the Fulham Union Infirmary.

WOODBIDGE, G. W., M.B.(Lond.), M.R.C.S., L.R.C.P., appointed House Surgeon to the County Hospital, Lincoln.

Births.

ARMSTEAD.—On October 20th, at Chepstow Villas, W., the wife of H. W. Armstead, M.D., F.R.C.S., of a daughter.

HOLDEN.—On November 6th, at 168, Castle Hill, Reading, the wife of George Herbert Rose Holden, M.A., M.D.(Cantab.), of a son.

REECE.—On October 16th, at Addison Gardens, W., the wife of Richard J. Reece, M.A., M.D., of a son.

Marriages.

GIBLIN—MAXWELL.—On September 6th, at All Saints' Church, Hobart, Tasmania, by the Rev. S. Bucknell, M.A., Wilfrid Wanostrucht Giblin, M.R.C.S., L.R.C.P., to Muriel Gertrude, daughter of the late C. M. Maxwell, Esq., of Hobart.

WEBB—CHAMBERLAIN.—On October 5th, at the church of "Our Lady of Good Counsel," Stoke Newington, N., by the Rev. Henry Cutajan, assisted by the Rev. C. J. Biale, Frederick E. Aphthorpe Webb, M.R.C.S., L.R.C.P., of Cambridge, to Ada Charlotte, second daughter of Henry Burton Chamberlain, Esq., of Stoke Newington.

WHARRY—COLLMANN.—On October 28th, at Holy Trinity, Upper Chelsea, Henry Gordon Wharry, M.R.C.S., younger son of Captain Wharry (late R.A.), to Margaret (Madge) Collmann, only child of John S. Collmann, of Sloane Gardens, S.W.

Deaths.

LEWIS.—On October 26th, at the London Fever Hospital, of scarlet fever, Frederick Henry Lewis, B.A., M.B., M.R.C.S.(Eng.), and L.R.C.P.(Lond.), of 46, Weymouth Street, W., son of the late Dr. Frederick Lewis, of Gloucester Place, N.W., and stepson of G. F. Canti, of 71, The Drive, Hove, Sussex, aged 32 years.

SOUTHEY.—On November 8th, at Sutton Valence, Reginald Southey, M.D.(Oxon.), late one of H.M. Commissioners in Lunacy, aged 64.

ACKNOWLEDGMENTS.—*M.R.I., London Hospital Gazette, St. Mary's Hospital Gazette, The Nursing Record, The Stethoscope, St. Thomas's Hospital Gazette, Guy's Hospital Gazette, Charing Cross Hospital Gazette, Middlesex Hospital Gazette, The Broadway, St. George's Hospital Gazette, The Polyclinic, The Medical Review (formerly The Medical and Surgical Review of Reviews), The Practitioner, University College Magazine, The Student.*